

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026551

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **99**

Primary Registration District No.

Registrar's No. **41**

FILED AUG 8 1962

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concord Twnsh.		Length of stay in 1b 79 yrs.	c. CITY OR TOWN Stewartsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stewartsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Concord Twnsh. Washington
3. NAME OF DECEASED (Type or print) First Henry Middle G. Last Hinderks		4. DATE OF DEATH Month July Day 25 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/14/1883
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 79
11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Henry Hinderks		13b. MOTHER'S MAIDEN NAME Mary Piehergerdes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		17. INFORMANT Blair Hinderks, Marysville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial insufficiency			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)	
20c. TIME OF INJURY Hour 8:00 A a.m. Month, Day, Year July 25, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Stewartsville, Mo.	
21. I attended the deceased from 1959 to July 25, 1962 and last saw him alive on July 25, 1962		22. SIGNATURE E. D. Diney, DO (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/27/62	23c. NAME OF CEMETERY OR CREMATORY Maple Grove
24. FUNERAL DIRECTOR Syon Funeral Home Plattsburg, Mo.		25. DATE RECD. BY LOCAL REG. 8-4-1962	26. REGISTRAR'S SIGNATURE Gertrude C. Davidson

AMENDMENTS ON THIS RECORD ARE, AS FOLLOWS:

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1A 73
AUG 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Cook

Licensed Embalmer No.

2993

P. O. Address

Hamburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.